

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814
(916) 445-4622



June 2, 1981

ALL COUNTY LETTER NO. 81-55

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IHSS PAYROLLING SYSTEM: SOCIAL SECURITY ADMINISTRATION FORMS
REGARDING WAGE INFORMATION

REFERENCE:

The State Department of Social Services met with the Social Security Administration to develop a procedure for processing the following Social Security Forms regarding IHSS provider wage information: SSA-1001, SSA-7011, SSA-L725, SSA-L4201 and SSA-L732 (copies attached).

These forms request a statement of the gross wages either paid to or earned by an IHSS provider for the period of time indicated on the forms. The wage information is used in the determination of a provider's eligibility for social security benefits or supplemental security benefits.

Since counties had payrolling responsibility for IHSS during 1978 and 1979, it will be necessary for the counties to report the wage information for these years. We expect the number of forms requesting information for 1978 and 1979 to be minimal. The State Department of Social Services will report wage figures for 1980 or later.

Please use the following procedures in processing the social security forms:

1. Form SSA-1001 and SSA-7011 Statement of Employer

A. 1978-79

Please complete Item 2 of the form which requests the wages paid to a provider for the period of months checked for calendar years 1978 or 1979. Please complete Items 14, 15 and 16, if source material available. If not, so indicate. Upon completion, please forward the notice to our office. We will complete Items 3-12 on behalf of the recipient which certify that the wage information is correct.

B. 1980 On

Please forward to our office forms requesting a statement of wages for 1980 or later.

2. Form SSA-L725A. 1978 or 1979

Please indicate the wages earned by a provider for the months checked in calendar years 1978 or 1979, and forward the notice to our office. We will complete the bottom portion of the form on behalf of the recipient which requires the employer's signature.

B. 1980 On

Please forward to our office, forms requesting a statement of wages for 1980 or later.

3. Form SSA-L4201A. 1978 or 1979

Please indicate the wages paid to a provider for the months checked in calendar years 1978 or 1979, and forward the notice to our office. We will complete the bottom portion of the form on behalf of the recipient which requires the employer's signature.

B. 1980 On

Please forward to our office forms requesting a statement of wages for 1980 or later.

4. Form SSA-L732

This form is used by the Social Security Administration for a narrative response to questions concerning employment history or identity of provider or recipient. Please respond to these requests, if source material available. If not, so indicate. Please return these forms directly to Social Security Administration.

We appreciate your cooperation in completing the forms. Please forward all forms to:

State Department of Social Services
Fiscal Policy and Procedures Bureau
744 P Street, Mail Station 4-164
Sacramento, CA 95814

If you have any questions, please call George Sifuentes at (916) 323-0270 or ATSS 473-0270.

Sincerely,

Bryan A. Smith

for CLAUDE E. FINN
Deputy Director
Administration

Attachment

cc: CWDA



STATEMENT OF EMPLOYER

To process an application for social security benefits we need a statement of the wages you paid to the person named below (and any cash tips the person reported to you) for the periods checked. Please give this information even if you have recently reported these wages on tax returns sent to the Internal Revenue Service (or, if the employer is a State or local government, on reports sent to your State Social Security Agency). Because of time needed to handle millions of reports of wages, the amounts you reported for the periods shown below may not yet appear on our records. This report is authorized by section 205(c)(2)(A)), of the Social Security Act, as amended (42 U.S.C. 405(c)(2)(A)). While you are not required to respond, your cooperation in promptly filling out and returning this statement will help us make an early and accurate decision in this case. A postage-free envelope is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

IN REPLYING, ADDRESS
SOCIAL SECURITY ADMINISTRATION

TELEPHONE

DATE

SSA OFFICIAL

1. This is to certify that wages in the amounts shown have been PAID during the period(s) checked below to:

NAME OF WAGE EARNER

SOCIAL SECURITY NUMBER

ADDITIONAL IDENTIFYING INFORMATION (To be completed by Social Security Administration when applicable)

2. Include the value of all remuneration (exclusive of tips) before any withholdings, whether paid in cash or kind. However, show only the amount of cash wages paid for services performed in a private home as a domestic or in work not in the course of the employer's trade or business. If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If this wage earner reported cash tips received in connection with employment for you, complete item 13 on the back of this form. If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

PERIOD	WAGES PAID YEAR 19	WAGES PAID YEAR 19	WAGES PAID YEAR 19	WAGES PAID YEAR 19
January 1 - March 31, inclusive . . .	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
April 1 - June 30, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
July 1 - September 30, inclusive . .	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
October 1 - December 31, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

NOTE: COMPLETE ITEMS 3-12 IN ALL CASES

☐ COMPLETE ITEMS 14, 15 and 16 on the back of this form. ☐ DO NOT COMPLETE ITEMS 14, 15 and 16.

In item 3 below, use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 5 show the Employer's Identification Number assigned to you for reporting your employees' wages. (Do not show your own social security number.) In item 8 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

3. EMPLOYEE'S OCCUPATION			8. NATURE OF BUSINESS	
4. BUSINESS NAME OF EMPLOYER (Type or Print)			9. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM	
5. EMPLOYER'S FEDERAL IDENTIFICATION NO.			10. PRINTED NAME AND TITLE OF PERSON SIGNING ABOVE	
6. STREET ADDRESS OF EMPLOYER				
7. CITY	STATE	ZIP CODE	11. TELEPHONE NO. OF INDIVIDUAL COMPLETING FORM	12. DATE THIS STATEMENT FILLED OUT

13. This is to certify that cash tips in the amounts shown have been reported by the wage earner named on the front of this form during the period checked below. (Enter the amount of tips included in written reports to you by the wage earner during the quarter, regardless of whether or not the employee social security tax was withheld. CAUTION - Tip amounts shown below should not be included in the amounts shown in item 2 on the front of this form.)

PERIOD	TIPS REPORTED YEAR 19	TIPS REPORTED YEAR 19	TIPS REPORTED YEAR 19	TIPS REPORTED YEAR 19
January 1 - March 31, inclusive . . .	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
April 1 - June 30, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
July 1 - September 30, inclusive . .	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
October 1 - December 31, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

If the employer was a State or local government do not complete items below

14. Did you file employment tax return(s) (Form 941 or 942) for each period shown in item 2 or item 13 of this form? ☐ Yes ☐ No
If "No," please identify the period for which no return was filed and state why you did not do so.
Also answer item 16.

15. For returns which you did file, were the wages listed on this form included in your return? ☐ Yes ☐ No
(a) If "Yes," please furnish the following information and answer item 16.

Date return(s) were filed:	Period								
	Date Filed								
Page and line number of report where this wage earner was reported:	Page No.								
	Line No.								

(Please use another sheet if more entries are needed.)

(b) If "No," please state below the amount of wages reported and why these wages differ from the amounts shown in items 2 or 13 of this form. If no wages were reported, show "none" and explain below why no wages were reported. Also, answer item 16.

Period									
Amount Reported									

(Please use another sheet if more entries are needed.)

Explanation: _____

16. (a) Did you have employees other than this wage earner during the above period? ☐ Yes ☐ No
(b) If "Yes," was there a reporting problem with regard to any of these other employees for the above periods? ☐ Yes ☐ No

Remarks: _____

13. This is to certify that cash tips in the amounts shown have been reported by the worker named on the front of this form during the period(s) checked below (*Enter the amount of tips included in written reports to you by the worker during the quarter (for periods prior to 1978) or year (for periods after 1977), regardless of whether or not the employee social security tax was withheld. CAUTION—Tip amounts shown below should not be included in the amounts shown in item 2 on the front of this form.*)

PERIOD	TIPS REPORTED YEAR 19____	TIPS REPORTED YEAR 19____	TIPS REPORTED YEAR 19____ <input type="checkbox"/> \$ _____
January 1 -- March 31, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	TIPS REPORTED YEAR 19____ <input type="checkbox"/> \$ _____
April 1 -- June 30, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	TIPS REPORTED YEAR 19____ <input type="checkbox"/> \$ _____
July 1 -- September 30, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	TIPS REPORTED YEAR 19____ <input type="checkbox"/> \$ _____
October 1 -- December 31, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	TIPS REPORTED YEAR 19____ <input type="checkbox"/> \$ _____

If the employer was a State or local government do not complete items below

14. (a) Did you file employment tax return(s) for each period shown in item 2 or item 13 of this form? ☐ Yes ☐ No

If "Yes", please answer item 15. If "No", please identify the period for which no return was filed and state why you did not do so. Also answer item 16.

(b) For periods after 1977, did you submit form W-2, Wage and Tax Statement, reporting wages paid to this wage earner to the Social Security Administration?

☐ Yes ☐ No

If "Yes", please answer item 15. If "No", please identify the year(s) for which form W-2 was not filed and state why you did not do so. Also answer item 16.

15. For returns which you did file, were the wages listed on this form included in your return?

☐ Yes ☐ No

(a) If "Yes", please furnish the following information and answer item 16.

Date return(s) were filed:	PERIOD								
	DATE FILED								

If the wages were reported for periods prior to 1978, show the page and line number of the report where this wage earner was reported.

Page and line number of report where this wage earner was reported:	PAGE NO								
	LINE NO.								

(Please use another sheet if more entries are needed)

(b) If "No," please state below the amount of wages reported and why these wages differ from the amounts shown in items 2 or 13 of this form. If no wages were reported, show "none" and explain below why no wages were reported. Also, answer item 16.

PERIOD									
AMOUNT REPORTED									

(Please use another sheet if more entries are needed.)

Explanation: _____

16. (a) Did you have employees other than this wage earner during the above period?

☐ Yes ☐ No

(b) If "Yes," was there a reporting problem with regard to any of these other employees for the above periods?

☐ Yes ☐ No

STATEMENT OF EMPLOYER

This report is authorized by Section 205(a) of the Social Security Act, as amended (42 U.S.C. 405(a)). While you are not required to respond, your cooperation will help us ascertain the amount of wages you paid to the person named below (and any cash tips the person reported to you) for the periods checked.

If you reported the wages on a quarterly basis, please show the wages paid in each quarter of the year as checked below. Please give this information even if you have recently reported these wages on tax re-

turns sent to the Internal Revenue Service (or, if the employer is a State or local Government, on reports sent to your State social security agency).

Because of the time needed to handle reports of wages, the amounts you reported for the periods shown below may not yet appear on our records. Your cooperation in promptly filling out and returning this statement will help us to make an early and accurate decision in this case. A postage-free envelope is enclosed for your use.

IN REPLYING ADDRESS
SOCIAL SECURITY ADMINISTRATION

TELEPHONE

DATE

SSA OFFICIAL

1. This is to certify that wages subject to social security taxes (contributions) in the following amounts in the periods indicated below have been paid to the worker named below.

NAME OF WORKER

SOCIAL SECURITY NUMBER

ADDITIONAL IDENTIFYING INFORMATION (To be completed by Social Security Administration when applicable)

2. Include the value of all remuneration (*exclusive of tips*) before any withholdings whether paid in cash or in kind. (If this worker reported cash tips received in connection with his employment for you, complete item 13 on the back of this form also.) However, show only the amount of cash wages paid for services performed in a private home as a domestic or in work not in the course of the employer's trade or business. If no wages were paid in the periods checked below, write "none"; if you know that at least a certain amount was paid but you do not know the exact amount, write in the proper space "not less than \$ _____" and show the amount.

PERIOD	WAGES PAID YEAR 19____	WAGES PAID YEAR 19____	WAGES PAID YEAR 19____	<input type="checkbox"/>	\$ _____
January 1 - March 31, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	WAGES PAID YEAR 19____	<input type="checkbox"/>	\$ _____
April 1 - June 30, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	WAGES PAID YEAR 19____	<input type="checkbox"/>	\$ _____
July 1 - September 30, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	WAGES PAID YEAR 19____	<input type="checkbox"/>	\$ _____
October 1 - December 31, inclusive	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	WAGES PAID YEAR 19____	<input type="checkbox"/>	\$ _____

NOTE: COMPLETE ITEMS 3-12 IN ALL CASES

☐ COMPLETE ITEMS 14, 15 and 16 on the back of this form.☐ DO NOT COMPLETE ITEMS 14, 15 and 16.

In item 3 below, use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 5 show the employer's identification number assigned to you for reporting your employee's wages. (Do not show your own social security number.) In item 8 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

3. EMPLOYEE'S OCCUPATION

8. NATURE OF BUSINESS

4. BUSINESS NAME OF EMPLOYER (if different from above)
(type or print)9. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED
EMPLOYEE OF FIRM

5. EMPLOYER'S FEDERAL IDENTIFICATION NO.

10. PRINTED NAME AND TITLE OF PERSON SIGNING ABOVE

6. STREET ADDRESS OF EMPLOYER (if different from above)

7. CITY

STATE

ZIP CODE

11. TELEPHONE NO. OF INDIVIDUAL
COMPLETING FORM12. DATE THIS STATEMENT
FILLED OUT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

REFER TO

SOCIAL SECURITY OFFICE 955
1501 L ST.
SACRAMENTO, CA 95814

TELEPHONE: 440-2431

So that we may determine the above-named person's eligibility for social security benefits, please furnish the amount of gross wages earned by the employee in each of the months checked below. If no wages were earned in a month, show "none."

Please note that we need to know the amounts earned, regardless of the amounts paid. If the employee received cash tips, include the amount in the totals for the month.

We appreciate your cooperation in furnishing this information. An envelope requiring no postage is enclosed for your convenience.

Sincerely yours,

Enclosure

YEAR _____

<input type="checkbox"/> January \$ _____	<input type="checkbox"/> April \$ _____	<input type="checkbox"/> July \$ _____	<input type="checkbox"/> October \$ _____
<input type="checkbox"/> February _____	<input type="checkbox"/> May _____	<input type="checkbox"/> August _____	<input type="checkbox"/> November _____
<input type="checkbox"/> March _____	<input type="checkbox"/> June _____	<input type="checkbox"/> September _____	<input type="checkbox"/> December _____

This report is authorized by law 20 CFR 404.702. While you are not required to respond, your cooperation is needed to assure that the above named person's wage record is accurate and that a correct determination of eligibility for social security benefits is made.

EMPLOYER		TELEPHONE NO
SIGNATURE	TITLE	DATE



DEPARTMENT OF HEALTH & HUMAN SERVICES

Social Security Administration

Form approved OMB No. 72-R1026

Refer to:

TELEPHONE :

So that we may determine the above-named person's eligibility for supplemental security benefits, please furnish the amount of gross wages paid to in each of the months checked below. If no wages were paid in a month, show "none."

Please note that we need to know the **gross** amounts prior to any deductions. If the employee received cash tips and/or payments in-kind, include the gross amount and/or value in the totals for the month.

The employee has/has not stated that deferred payment of wage was requested. Please show any amounts deferred at the **employee's** request above the amounts paid for any month checked below.

We appreciate your cooperation in furnishing this information. An envelope requiring no postage is enclosed for your convenience.

Sincerely yours,

Enclosure

YEAR _____

<input type="checkbox"/> January \$ _____	<input type="checkbox"/> April \$ _____	<input type="checkbox"/> July \$ _____	<input type="checkbox"/> October \$ _____
<input type="checkbox"/> February _____	<input type="checkbox"/> May _____	<input type="checkbox"/> August _____	<input type="checkbox"/> November _____
<input type="checkbox"/> March _____	<input type="checkbox"/> June _____	<input type="checkbox"/> September _____	<input type="checkbox"/> December _____

YEAR _____

<input type="checkbox"/> January \$ _____	<input type="checkbox"/> April \$ _____	<input type="checkbox"/> July \$ _____	<input type="checkbox"/> October \$ _____
<input type="checkbox"/> February _____	<input type="checkbox"/> May _____	<input type="checkbox"/> August _____	<input type="checkbox"/> November _____
<input type="checkbox"/> March _____	<input type="checkbox"/> June _____	<input type="checkbox"/> September _____	<input type="checkbox"/> December _____

EMPLOYER

TELEPHONE NO.

SIGNATURE

TITLE

DATE



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

REFER TO:

SOCIAL SECURITY OFFICE 955
1501 L. ST.
SACRAMENTO, CA 95814

TELEPHONE: 440-2431

HOURS:

We need the information listed below in connection with

Please answer the question(s), sign and date this letter and return it in the enclosed envelope. If you cannot furnish the information requested, let us know right away, preferably by telephone. Our telephone number and office hours are shown above.

Sincerely yours,

Enclosure _____ DO NOT DETACH _____

I certify that the above statements are true. I know that anyone who makes a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law.

SIGN
HERE



(Date Signed)

(Please Sign Here)

(Telephone Number)